## STATEMENT OF

RECEIVED T

FORM 1	ORGANIZATION				EC MAIL CENTER	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M5	
MISSOUR	REP	UBLIÇAN EX	ECU	TIVE BOARI	P	
ADDRESS (number a	nd street)	P. O. BOX 6	6731	3		
(Check if address is changed)		POMPANO	BEAC	;H	<b>FL</b>	33066
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  USRepublican Executive Boards @gmail.com  (Check if address is changed)						
COMMITTEE'S WEE	B PAGE ADD	DRESS (URL)				
(Check if is change						
2. DATE 11	l <sup>™</sup> ′ 10	° ′ 2012				
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)		
I certify that I have	examined th	is Statement and to the I	best of my	knowledge and belief i	t is true, correct	and complete.
Type or Print Name	of Treasurer	PETERSO	N TRI	JMP		
Signature of Treasur	er	Feberson Tau	J		Date 11	′ 10° ′ 2012 `
NOTE: Submission of	-	ous, or incompliate inflatma ANY CHANGE IN INFORM	-			the penalties of 2 U.S.C. §437g.
Office Use				For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1